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RETURN FOR REPAIR FORM

Digital Logistics Service Dept Ph : 09-571 3375 Email : service@dlgint.co.nz

DEALER	
ADDRESS	

DATE	/ /
CUST REF #	
CONTACT	
PHONE	
MOBILE	
EMAIL	

IF THE PRODUCT IS TO BE SENT BACK DIRECTLY TO THE CUSTOMER PLEASE ADVISE THE CONTACT DETAILS BELOW

CUSTOMER NAME	
ADDRESS	

PRODUCT DETAILS (ONE PRODUCT PER FORM PLEASE)

PRODUCT CODE	PRODUCT DESCRIPTION	SERIAL #	
MAKE	MODEL	SOFTWARE VERSION	
OTHER REMARKS			

PRODUCT ORIGINALLY PURCHASED FROM			
NAME			
DATE PURCHASED	DAY	MONTH	YEAR

**Proof of Purchase MUST be supplied for ALL Warrant Claims
If No proof of Purchase is supplied Warranty is Void**

PRODUCT ORIGINALLY INSTALLED BY			
NAME			
DATE INSTALLED	DAY	MONTH	YEAR

DETAIL OF FAULT

Please complete this form in FULL and return with faulty product to the STREET address below

Authorised Customer _____ **Signed** _____

DIGITAL LOGISTICS GROUP LIMITED
 P O Box 204284 Highbrook 2161 Auckland New Zealand
 Unit K 11 Echelon Place East Tamaki 2013 Auckland New Zealand
 Phone 09-571 3375 Fax 09-571 3376 Email service@digitallogistics.co.nz
www.dlgint.co.nz

Please note this form is electronic and can be filled in Excel or by Hand
 Reprints available from : <http://www.digitallogistics.co.nz/Forms>